FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNIHAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILEO SECRETARY OF STATE

DEVELOPERS DIVERSIFIED, LTD Mailtop Address	1998	Secretary of State DIVISION OF CORPORATIONS			DIVISION OF CORPORATIONS	
Malling Address Milling Address Millin	1. Name of Limited Partnership		MENT #		97 SEP - 8 PM 3: 55	
SIGNATURE 9.855 CHAGRIN BOULEVARD MORELAND HULS OH 44022 9.96720/1978 9.80. Does of Land Report 9.978 (18986) 9.80. Among of Cepting 0.0788 (18986) 9.80. Among of Ceptin	DEVELOPERS DIVERSIFIED), LTD			18186 (111 819) (Babil 319) (Bigil 619) (Bigil 619)	
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2. Mailing Address 28. Principal Office Address Suito Apt. 4, Sals or Country of Formation OH Suito Apt. 4, etc. To Country Zip Country Zip Country Zip Country To Coun				3a. Date of Last Report	20/1978 ate of Last Report \$950.00	
Suito, Apt. #, etc. City & State To Country Typ Typ Country Typ Typ Country Typ Typ Typ Typ Typ Typ Typ T	2. Mailing Address	28. Principal Office Addres	2a. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date:	
City & State Country 7, Certificate of Structs Desired 87, Certificate of Structs Desired 9, 89,75 A,	Suite, Apt. #, etc.	Suite, Apt. #, etc.	e, Apt. #, etc.		Applied For	
Zip Country 8. Make check payable to: Dept. of State (See reverse elde for fee 9. Name and Address of Current Registered Agent 10. If charged, new Registered Agent/Office C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Sufe, Apt. 4, etc.	City & State	City & State			Not Applicable	
9, Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Sire Apt #, etc. -09/10/97—-01098—-01 Surface Address (P.O. Box Number Carp 14/97—10/98—-01 98/10/97—-01098—-01 -09/10/97—-010/98—-01 -09/10/9	Zip Country	Zip	Country		\$8.75 Additional Fee Required	
Name Street Address (P.O. Box Number 1994 1995 1				O, make crieck payable to: Dept. o	State (See reverse side to the Information)	
Street Address (P.O. Box Number QNT 1993 - 01938 - 019410/97 - 010	9. Name and Address of Current Registered Agent		Name	10. If changed, new Register	ed Agent/Office	
PLANIATION PL 33324 Suite, Apt #, etc.				P.O. Box Number Supring a page 1	2,89,69,98	
10a. Pursuant to the provisions of sections 520 1051 and 620 192, Florida Statutes. The above-named limited partnership organized or registered under the laws of the State of Florida, submits this for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (bo NOT Use Post Office Box Numbers) 11b. City, State 6 Zip Code 11c. Registered Document Ni WOLSTEIN, BERT L. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner (business) Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner (business) Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner (con NOT Use Post Office Box Numbers) Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner (con post in the enformation supplied with this promotion of the information supplied is desired except and that my contain your behave the same tags of locks as if made undo calls. I further certify that I am a General Partner of the Initided partnership, receive impowered to execute this report as required by phaper of a point of Statutes. SIGNATURE						
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A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (b) Not Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration Document N WOLSTEIN, BERT L. 34555 CHAGRIN BLVD. MORELAND OH Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partners with this information supplied with this information supplied with this information is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I release the Division Corporations from any liability of non-compliance with feet of 119.07(3)(k) in the event that the information supplied is deemed exempt from public access I further certify that the information in this annual report is true and accurate and that my symature shall have the same legal effects as if made under calt. I further certify that I am a General Partner of the limited partnership, receiven provided to execute this report as required by Shapter 50. Florida Statutes. SIGNATURE	for the purpose of changing its registered of	flice or registered agent, or both, in the State o				
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11. Note: General Partners MAY NOT be changed on this form; an amendment must be filled to change a general partner with the information supplied with his/sling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. If unther certify that the information this annual report is true and accurate and that my synature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiverpowered to execute this report as required by proper store, Figirida Statutes. 12. Note hereby certify that the information supplied is deemed exempt from public access. If unther certify that the information in this annual report is true and accurate and that my synature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiverpowered to execute this report as required by proper store, Figirida Statutes.			I LIMITED DA			
WOLSTEIN, BERT L. 34555 CHAGRIN BLVD. MORELAND OH Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partners from any liability of non-compliance with Secretary 19.07(3)(k). Florida Statutes. I release the Division Corporations from any liability of non-compliance with Secretary 19.07(3)(k) in the event that the information supplied accurate and that my cynature shell have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receive empowered to execute this report as required by phapter 50. Figirida Statutes. DATE 9/2/97	A GENERAL PARTNER II	UST BE REGISTERED	AND ACTIVE	WITH THIS OFFICE.	IN BUSINESS ENTITY	
Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partners which partners with partners in the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that it am a General Partner of the limited partnership, receive empowered to execute this report as required by chapter 50. Florida Statutes. SIGNATURE DATE 9/2/97	11. Name(s) of General Partner(s)	11a. Address of Each Go (Do NOT Use Post Office	eneral Partner ce Box Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partners. 12. Mode hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I further certify that the information in this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receive empowered to execute this report as required by chapter 640. Figrida Statutes. SIGNATURE DATE 9/2/97	WOLSTEIN, BERT L.	34555 CHAGRIN BLVD	D.	MORELAND OH		
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12. Noto hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information in this annual report is true and accurate and that my synature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receive empowered to execute this report as required by chapter 6/0. Florida Statutes. SIGNATURE DATE DATE DATE					KWM	
Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, received movement of the execute this report as required by chapter 670. Florida Statutes. SIGNATURE DATE DATE	Note: General partners MAY	NOT be changed on this fo	orm; an amend	lment must be filed to ch	ange a general partner.	
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	SIGNATURE			DATE	9/2/97	
Typed of Frince insulation General Partner Signifig Form	Typed or Printed Name of General Partner Signing Fo	BERT L. WOLS	TEIN	Daylime Telephone Number		